



## ESTROGEN MODIFIERS PA SUMMARY

Preferred	Non-Preferred
<p><b><u>Preferred Estrogens:</u></b>  Cenestin (estrogens, conjugated synthetic A)  Enjuvia (estrogens, conjugated synthetic B)  Estradiol generic  Estropipate generic  Menest (esterified estrogens)  Premarin (estrogens, conjugated)</p> <p><b><u>Preferred Estrogen/Progestin Combinations:</u></b>  Activella (estradiol/norethindrone)  Angeliq (drospirenone/estradiol)  Femhrt (norethindrone/ethinyl estradiol)  Jinteli generic (norethindrone/ethinyl estradiol)  Prefest (estradiol/norgestimate)  Premphase (conjugated estrogens/medroxyprogesterone)  Prempro (conjugated estrogens/medroxyprogesterone)</p> <p><b><u>Preferred Selective Estrogen Receptor Modulator (SERMs):</u></b>  Raloxifene generic</p> <p><b><u>Preferred Topical Estrogens</u></b>  Alora (estradiol transdermal patch)  Climara (estradiol transdermal patch)  Climara Pro (estradiol/levonorgestrel transdermal patch)  Combipatch (estradiol/norethindrone transdermal patch)  Estraderm (estradiol transdermal patch)  Menostar (estradiol transdermal patch)  Vivelle (estradiol transdermal patch)  Vivelle-Dot (estradiol transdermal patch)</p>	<p><b><u>Non-Preferred Estrogen/SERM Combinations:</u></b>  Duavee (conjugated estrogens/bazedoxifene)</p> <p><b><u>Non-Preferred Estrogen/Progestin Combinations:</u></b>  Estradiol/norethindrone generic</p> <p><b><u>Non-Preferred Topical Estrogens</u></b>  Divigel (estradiol topical gel)  Elestrin (estradiol topical gel)  Estradiol transdermal patch (generic Climara)  Estrasorb (estradiol topical emulsion)  EstroGel (estradiol topical gel)  Evamist (estradiol topical spray solution)  Minivelle (estradiol transdermal patch)</p>

**LENGTH OF AUTHORIZATION:** 1 Year

### PA CRITERIA:

*For Duavee*

- ❖ Approvable for the prevention of postmenopausal osteoporosis in women with an intact uterus who have experienced ineffectiveness, allergies, contraindications, drug-drug interactions, or a history of intolerable side effects to Evista AND the preferred bisphosphonate, alendronate generic (Fosamax).
- ❖ Approvable for the treatment of moderate to severe vasomotor symptoms associated with menopause in women with an intact uterus who have experienced ineffectiveness, allergies, contraindications, drug-drug interactions, or a history of intolerable side effects to at least two preferred estrogen or estrogen/progestin products.

*For Estradiol/Norethindrone Generic*

- ❖ Physician must submit a written letter of medical necessity stating the reasons brand Activella is not appropriate for the member.



*For Divigel, Elestrin, Estrasorb, Estrogel, Evamist and Minivelle*

- ❖ Approvable for members who have experienced ineffectiveness or a history of intolerable side effects to two preferred estradiol transdermal patches.

*For Estradiol Transdermal Patch (generic Climara)*

- ❖ Physician must submit a written letter of medical necessity stating the reasons brand Climara is not appropriate for the member.

**EXCEPTIONS:**

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **Catamaran at 1-866-525-5827**.

**PA and APPEAL PROCESS:**

- ❖ For online access to the PA process, please go to [www.dch.georgia.gov/prior-authorization-process-and-criteria](http://www.dch.georgia.gov/prior-authorization-process-and-criteria) and click on Prior Authorization (PA) Request Process Guide.

**QUANTITY LEVEL LIMITATIONS:**

- ❖ For online access to the current Quantity Level Limits (QLL), please go to [www.mmis.georgia.gov/portal](http://www.mmis.georgia.gov/portal), highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services and select that manual.